

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/57/722
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		1					52						
3		2					53						
4		1					54						
5		9					55						
6		0					56						
7	/	1					57						
8		1					58						
9		1					59						
10		1					60						
11		3					61						
12		3					62						
13		0					63						
14							64						
15							65						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓							
TOTAL DEP.	13	←		←		←							
TOTAL CLAIMS	14	↓	↓	↓	↓	↓							

Best Available Copy